



PATENT
Serial No. 09/923,078

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Inventor(s) Andrea Basso
Charles Robert Kalmanek, Jr.
Cormac John Sreenan
Jacobus E. van der Merwe

Serial No. 09/923,078 Group Art Unit : 2611

Filing Date August 6, 2001

Docket No 1999-0748-CON1 Examiner: TBA

Title NETWORK BASED REPLAY PORTAL

COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

REPLY TO NOTICE OF INCOMPLETE REPLY (NONPROVISIONAL)

SIR:

This is in response to the Notice of Incomplete Reply (Non-Provisional), dated February 20, 2002, requesting substitute drawings in compliance with 37 CFR 1.84.

Applicants already submitted formal drawings back on January 22, 2002, in response to a previous Notice of Incomplete Reply (Non-Provisional), dated January 14, 2002. Attached hereto are true and correct copies of:

(a) Reply to Notice of Incomplete Reply (Non-Provisional) and Request for Extension of Time, dated January 22, 2002.

(b) Formal Drawings previously submitted (8 sheets).

(c) Transmittal Form, with Certificate of Mailing, dated January 22, 2002.

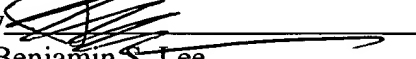
Accordingly, applicants respectfully request withdrawal of the outstanding Notice of Incomplete Reply (Non-Provisional), as applicants have already filed the formal drawings.

The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to AT&T Corp. Deposit Account No. 01-2745.

The undersigned is an attorney of record.

Respectfully submitted,

Date: March 18, 2002

By: 
Benjamin S. Lee
Registration No. 42,787

AT&T CORP.
P.O. Box 4110
Middletown, NJ 07748
Tel: 908-221-5438
Fax: 732-368-6932

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/923078
	Filing Date	08/06/2001
	First Named Inventor	Andrea Basso et al.
	Group Art Unit	2611
	Examiner Name	
Total Number of Pages in this Submission	Attorney Docket Number	1999-0748

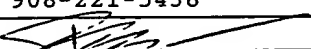
Enclosures (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input checked="" type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input type="checkbox"/> Additional enclosure(s) (please identify below)
Remarks		

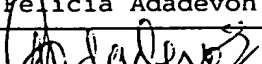
CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	Customer Number - 26652	or <input type="checkbox"/> Correspondence address below
NAME	Samuel H. Dworetsky	
ADDRESS	AT&T CORP. P.O. Box 4110	
CITY	Middletown	STATE New Jersey
COUNTRY	United States of America	ZIP CODE 07748-4110
		FAX 732-368-6932

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Benjamin S. Lee	Reg. #	42787
TELEPHONE	908-221-5438		
SIGNATURE		DATE	01/22/02

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: 01/22/02			
Type or Printed Name	Felicia Adadevoh		
Signature		Date	01/22/02

SEND TO: Commissioner for Patents, Washington, D.C. 20231



Attorney's Initials: *BSL*

COMMISSIONER FOR PATENTS, BOX *Missing Part*

☐ Express Mail No.
☒ Certificate of Mailing

Docket No. *1999-0748 Con 1*
Applicant *Banno et al*

Application No. *29/923078*
Filing Date *08/06/01*

- | | |
|---|---|
| <input type="checkbox"/> Specification # of Pages | <input type="checkbox"/> Assoc./Power of Attorney |
| <input type="checkbox"/> Claims # of Pages | <input type="checkbox"/> Assignment |
| <input type="checkbox"/> Abstract # of Pages | <input type="checkbox"/> Recordation Form Cover Sheet |
| <input checked="" type="checkbox"/> Drawings # of Sheets <i>8</i> <input checked="" type="checkbox"/> Formal | <input type="checkbox"/> IDS (Information Disclosure Statement) |
| <input type="checkbox"/> Response to O.A. (Type) | <input type="checkbox"/> Oath and Declaration |
| <input type="checkbox"/> Response to Notice to File Missing Parts | <input type="checkbox"/> PTO 1449 Form with references |
| <input type="checkbox"/> Amendment | <input type="checkbox"/> Preliminary Amendment |
| <input type="checkbox"/> Notice of Appeal | <input checked="" type="checkbox"/> Transmittal Letter <input checked="" type="checkbox"/> Fee Transmittal Form |
| <input type="checkbox"/> Appeal Brief | <input type="checkbox"/> Issue Fee Transmittal <i>(In duplicate)</i> |
| <input checked="" type="checkbox"/> Other <i>Reply to Notice of Incomplete Reply</i>
<i>(Non-provisional) & Req. for ext. of time</i>
<i>(In duplicate)</i> | <input type="checkbox"/> Letter to Official Draftsman |
| <input type="checkbox"/> PCT Request Form | <input checked="" type="checkbox"/> Extension of Time |
| <input type="checkbox"/> PCT Demand Form | |
| <input type="checkbox"/> PCT Invitation to Correct | |